

12/20/00
JCS40 U.S. PTOPlease type a plus sign (+) in this box → 12-22-00 A / Re-
PTO/SB/50 (08-00)

Approved by the Office through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|---|--|---------------|
| Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | Attorney Docket No. | 258/060 |
| | First Named Inventor | Rando |
| | Original Patent Number | 5,128,520 |
| | Original Patent Issue Date (Month/Day/Year) | 07/07/1992 |
| | Express Mail Label No. | EL533101924US |

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)

6. Original U.S. Patent currently assigned?

 Yes No

(If Yes, check applicable box(es))

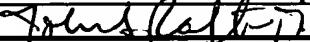
 Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement Power of
(PTO/SB/96) Attorney
ACCOMPANYING APPLICATION PARTS

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration (if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: This reissue application is a continuation of reissue application 08/570,625 which in turn is a continuation of RE35,117 which is a reissue of original Patent 5,128,520; the original patent 5,128,520 has already been surrendered; A copy of the Terminal Disclaimer from the parent application is enclosed.

14. CORRESPONDENCE ADDRESS

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |  (Insert Customer Number or attach bar code label here) | <input type="checkbox"/> Correspondence address below 22249 |
|---|---|---|

| | | | | | |
|---------|--|-----------|---------------|----------|---------------|
| Name | Lyon & Lyon LLP PATENT TRADEMARK OFFICE | | | | |
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| City | Los Angeles | State | CA | Zip Code | 90071 |
| Country | USA | Telephone | (213)489-1600 | Fax | (213)955-0440 |

| | | | |
|-------------------|---|-----------------------------------|------------|
| NAME (Print/Type) | John A. Rafter, Jr. | Registration No. (Attorney/Agent) | 31,653 |
| Signature |  | Date | 12/20/2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC951 U.S. PTO
09/745302

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Do [REDACTED] Number (Optional)
258/060

Claims as Filed - Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|------------------|-------------------------------------|-------------------------------------|------------------|--------------|-----|---------------------------|-----|
| | | | | Rate | Fee | Rate | Fee |
| (A) 19 | Total Claims (37 CFR 1.16(j)) | (B) 29 | **** 9 | X\$ | | X\$18= | 162 |
| (C) 7 | Independent Claims (37 CFR 1.16(i)) | (D) 14 | * 7 | = | | X\$80= | 569 |
| | | | | | | \$ 710 | |
| | | | | | | OR \$ 1432 | |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|--------------------------------------|-------|--|--------------------------|--------------|-----|---------------------------|-----|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * | X\$ | | X\$ | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | X\$ | | X\$ | |
| | | | | Total Additional Fee | | \$ | OR \$ | |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

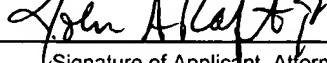
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1432.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

December 20, 2000

Date



Signature of Applicant, Attorney or Agent of Record

John A. Rafter, Jr., Reg. No. 31,653

Typed or printed name

The PTO did not receive the following
listed item(s). C 12-2475

